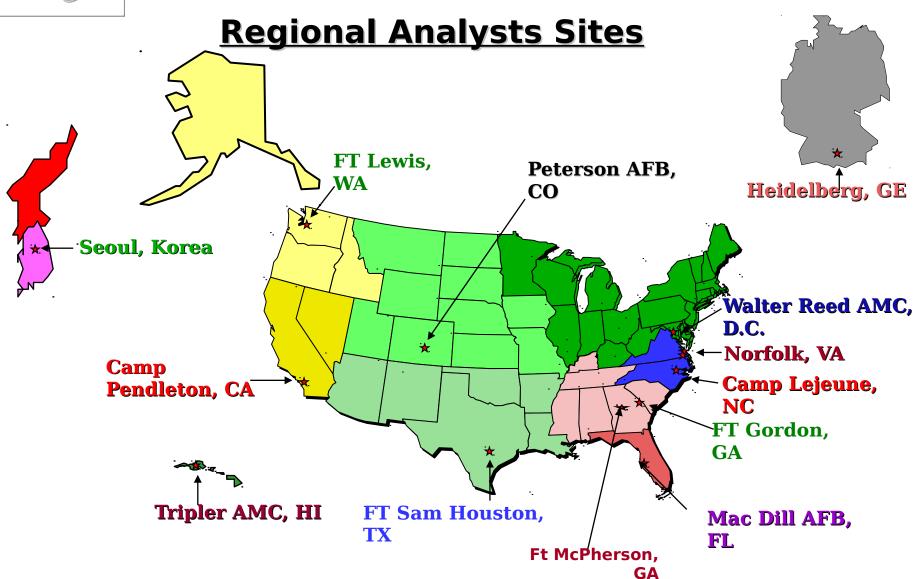
Department of Defense Anthrax and Smallpox Vaccination Programs Update for AFEB 11 May 2004

COL Steve Jones
Director, Military Vaccine Agency (MILVAX)
HQDA, Office of The Surgeon General
steven.jones@otsg.amedd.army.mil

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MILVAX REGIONS





AVIP RESUMPTION POLICY

- □ DEPSECDFF 28 Jun 02 AVIP Resumption Policy:
 - ☐ Priority 1: Continues vaccinations to Designated Special Mission units, researchers, and those involved in AVA manufacturing
 - □ Priority 2: Vaccinates military personnel, emergency essential DoD civilians and contractors deploying for greater than 15 consecutive days to High Threat Areas
 - □ Priority 3: Vaccinates certain early deployers.



TOTAL FORCE ANTHRAX VACCINATIONS

Period	# Doses	# People
Mar 98 - Aug 02	2,132,0 99	532,345
Sep 02 - Apr 04	2,063,0 44	717,217
Mar 98 - Apr 04	4,195,1 43	1,111,6 80

DEERS DATA: As of 25 Apr 04



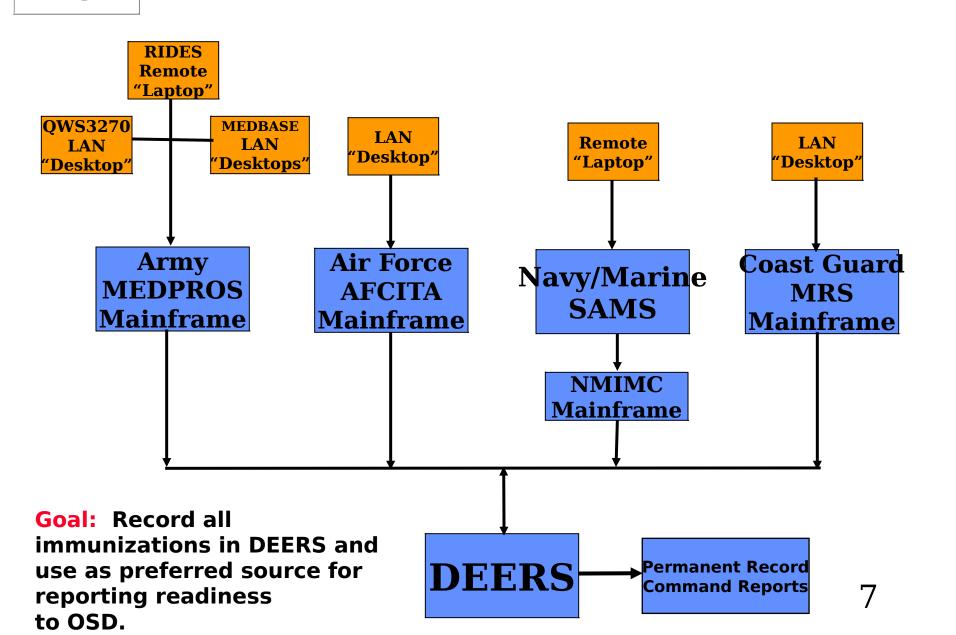
ANTHRAX VACCINE SAFETY SURVEILLANCE

- Since March 1998, > 4.2 million doses of anthrax vaccine to > 1.1 million people.
- Soreness, redness, itching, swelling at injection site:
 - Less than 2.5 cm: 30% of men, 60% of women.
 - More than 12 cm: 1% to 2%, both genders
- Lump at injection site common, lasts a few weeks, goes away.
- Symptoms beyond injection site—muscle or joint aches, headaches, rashes, chills, low-grade fever, nausea—5%
 -- 35%, like other vaccines.
- No difference seen between pre- + post-renovation lots.
- National Academy of Sciences—Mar 02,
 Food & Drug Administration—Dec 03

VERSE REACTIONS AFTER SMALLPOX VACCINATIONS

- Response teams, hospital workers, operational forces
 - Screened: 715,000 Vaccinated: 623,244
 - Primary: 71% Male: 88%
- **■** Exemption rates vary by location and setting:
 - Personal: 4.9% to 7.8%
 - Personal + household: 11% to 34%
- Take: Primary, 3 jabs: 96%. Rev
 - 96%
- Adverse Events: Expected temporary symptoms seen.
 - Sick leave: Hospital staff: 3%. In theater: 0.5%. Average: 1.5 days
- Noteworthy Adverse Events: <u>as of 4 May 04</u>
 - Generalized vaccinia— 36
 - Inadvertent infection—Skin: Self— 53, Contact— 33
 - Inadvertent infection—Eye: Self— 12, Contact— 2
 - Contact transfer: Family— 16, intimate contact— 10, friend— 9, patient— 0
 - ◆ VIG treatments: Burn— 1, eye— 2
 ◆ Encephalitis— 1
 - Eczema vaccinatum— 0● Progressive vaccinia— 0
 - Myo-pericarditis: Suspect— 0, probable— 71, confirmed— 4
 - Deaths: Possible— 1 (lupus-like illness) Unrelated— 5
 - Derived from 1,298 VAERS reports and other sources

unization Tracking Systems (ITS) and DEERS





ACTIONS TO IMPROVE PROGRAM PERFORMANCE

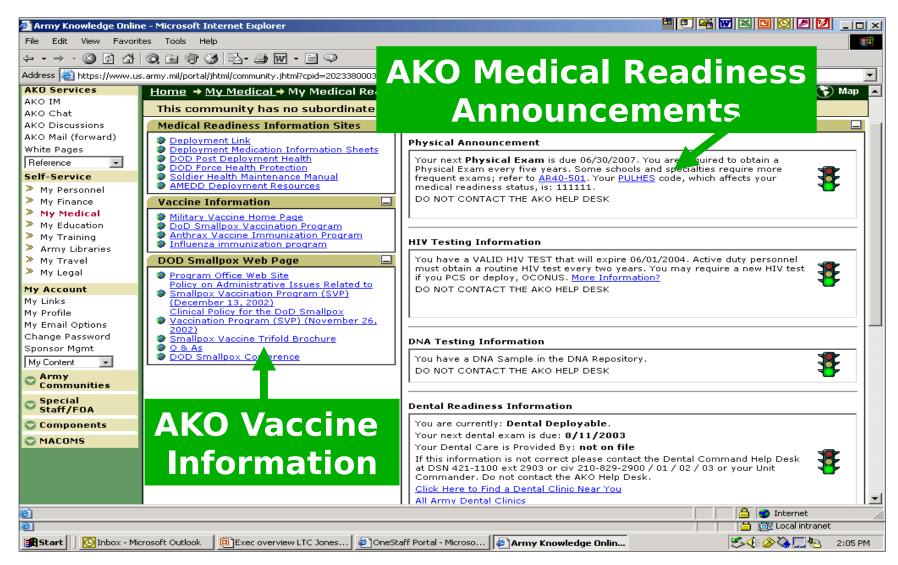
4 Major Focus Areas

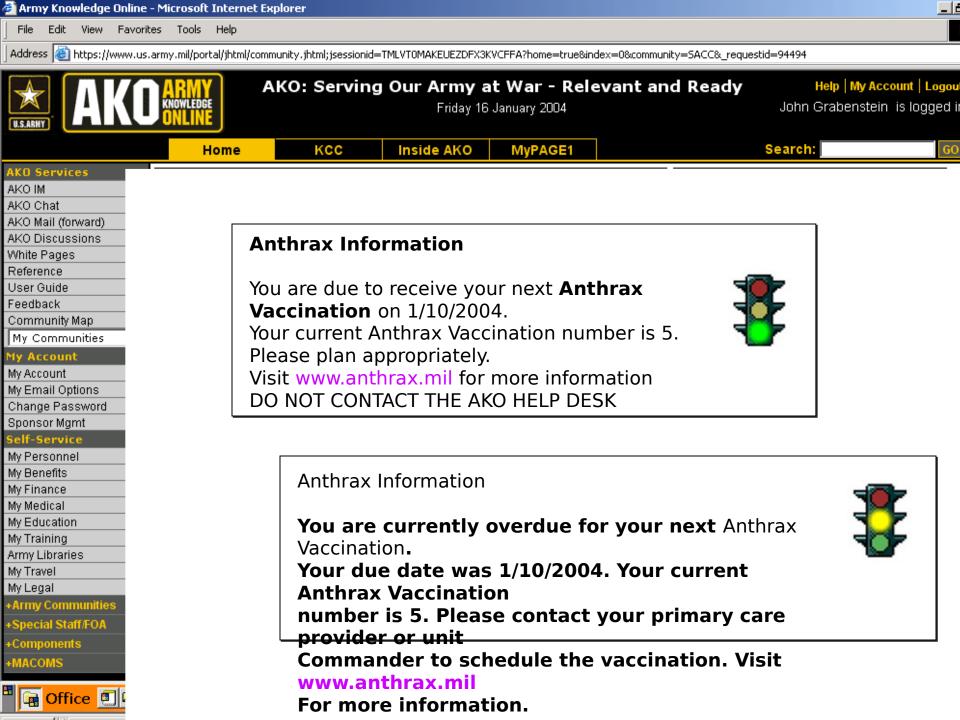
Ι	Deploying Redeploying Deployed Redeployed
	5 Major Action Plan Areas
_	5 Major Action Plan Areas
Ш	Assessments
	Installation Visits: Deployment Processing Sites, Base Clinics
	□ Monthly Service Report / Monthly CENTCOM AOR Report
	☐ Formalized Immunization Tracking System Audit Procedure
	Command Messages
	☐ Service / Joint Staff / Combatant Commands "ALL ACTIVITIES"
	Command Visits
	□ Service HQs
	Major Commands, Army, Corps, and Division Headquarters
	Command Coordination
	CENTCOM(FWD), CFLCC (Kuwait), CJTF7 (Iraq)
	Additional Resourcing
	☐ MILVAX Regional Analyst to Camp Lejeune
	Medical Readiness Coordinator to Korea

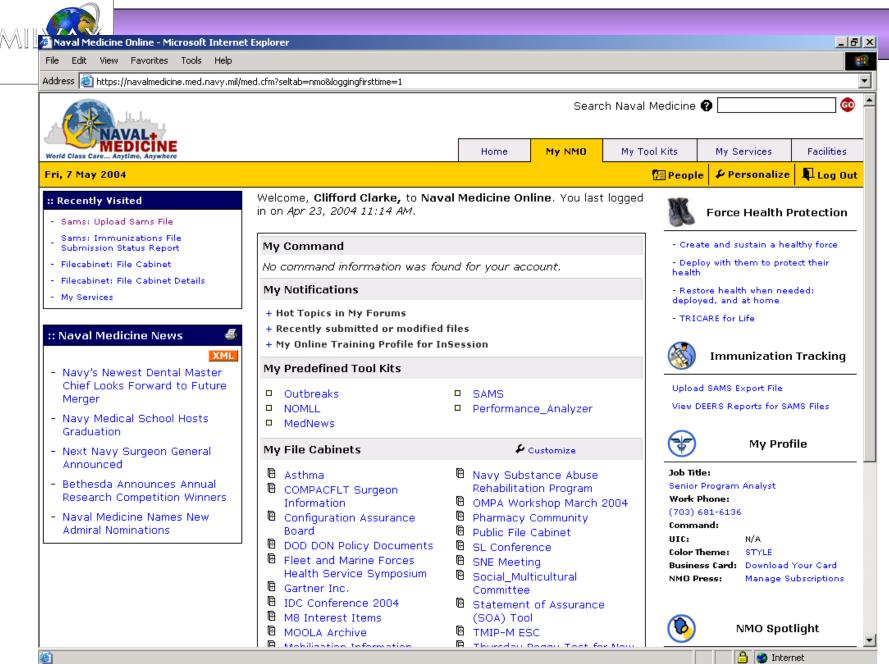




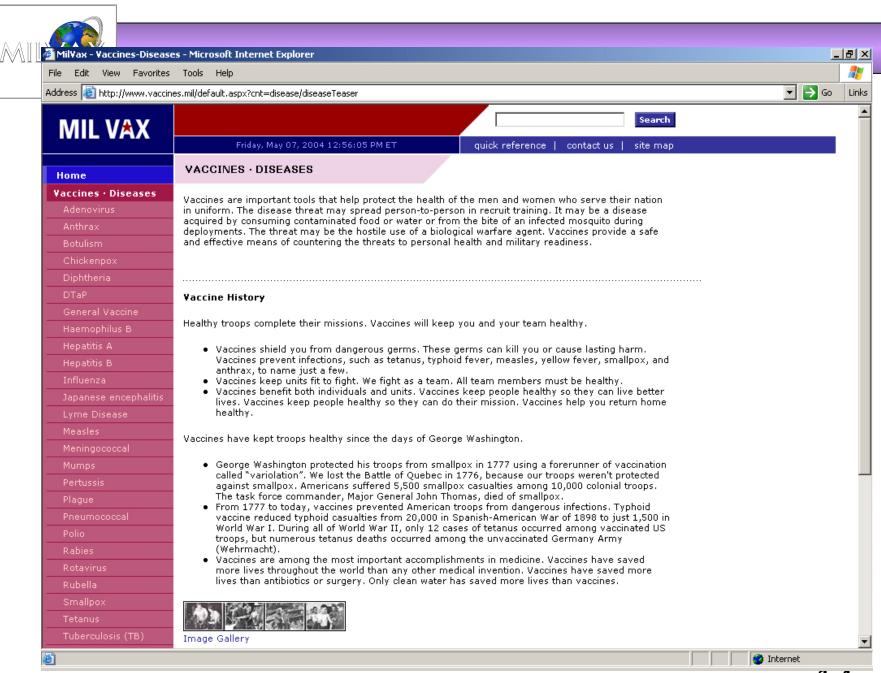
ARMY KNOWLEDGE ONLINE (AKO) ALERTS











MIL

AVIP FOCUS AREAS

- Ensure a continuous supply of vaccine.
- Coordinate and publish detailed plans.
- Educate all potential vaccinees early.
- Educate / train health care providers.
- Allow ample time for screening and questions.
- Achieve maximum vaccinations prior to deployment.
- Maintain a strong foundation of research-based, thirdparty endorsed, published science.
- Command/leader involvement is key to success.







What have you done for them today?